Programme to create awareness for consumption of iodised salt

2844. SYED SIBTEY RAZI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government propose to undertake some programmes creating awareness amongst people particularly in rural areas for effect on consumption of iodised salt;

(b) if so, details thereof and names of States and Union Territories to be covered under these programmes;

(c) whether Government propose to involve electronic media as well as voluntary health associations in these programmes;

(d) if so, what are the details thereof and if not, what are the reasons therefor;

(e) whether Government also propose to take initiatives in this regard at school level; and

(f) if so, steps to be taken and if not, what are the reasons therefor?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) to (f) Under the National Iodine Deficiency Disorders Control programme grants are provided to the States|UTs to develop their health education programme for creating awareness amongst people regarding the harmful effects of consumption of non-iodised salt. In addition to this, a project with focus on public awareness campaign is being implemented in endemic areas of 13 states with assistance from UNICEF and involvement of non-governmental organisations and schools.

Health policy to cover all citizens

2845. SHRI S. S. SURJEWALA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have framed a Health Policy offering 100 per cent Health cover to all in the country, if so what are the details thereof;

(b) whether Government propose to enforce one child norm in the country; and

(c) if not, in what manner Government propose to control the ever growing population in the country?

THE MINISTER OF STATE IN THE MNISTRY OF HEALTH AND FAMILY WELFARE (DR C. SILVERA): (a) The Health Policy envisages the provision of Comprehensive health care through the primary health centres, sub-centres, district hospitals and tertiary care hospitals. Specific disease control programmes are also being implemented throughout the country aimed at reducing morbidity levels and improving the health status of the people.

(b) No, Sir.

(c) A result oriented plan has been formulated in consultation with the States/U. Ts. The key features include improving the quality and outreach of services, promotion of spacing methods among younger age couples, involving non-governmental organisations in promoting community participation and augmenting measures to promote maternal and child health care.

Poor quality of meals served in Safdarjung Hospital

2846. SHR SATYA PRAKASH MALAVIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whethr the attention of Government has been drawn to the news appearing in Dainik Jagaren dated 20th January, 1994 regarding the corruption and theft from catering department of Asia's biggest Safdarjung Hospital as a result the patients are bound to take most inferior|poor quality of meal despite heavy expenditure made by Government thereon;

(b) if so, what is the reaction of Government with regard thereto and whether Government have made any investigation to fix the responsibility of the concerned authorities for such a high level corruption and theft in the catering department of the Hospital; and

(c) if so, what is the outcome of the investigation and the steps taken/proposed to be taken by Government to provide better quality of meals and other facilities to the patients of the hospital?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR C. SILVERA): (a) to (c) The news report is not factually correct. The quality of meals and other facilities is regularly monitored.

Vacant posts in CGHS Homoeopathic Dispensaries

2847. SHRI RAFIQUE ALAM: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of posts of MO, SMO, CMO in CGHS (Homoeo) which are vacant till date and from what date they remain vacant;

(b) what action Government have so far taken to recruit/promote or post new Doctors in these vacant posts;

(c) whether it is a fact that in the recent past the CMO(H) were providing consultation to the beneficiaries in Delhi whereas consequent upon the retirement of 2 CMOs Government, have not yet promoted any SMO to the CMO level; and

(d) if so, by when Government propose to promote CMO to provide consultation to larger number of beneficiaries in Delhi?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (DR. C. SILVERA): (a) and (b) In all 12 posts are vacant. The vacancies of Senior Medical Officers and Chief Medical Officers have occurred between 1991 and 1993. Requisition for filling the vacant posts of Medical Officers has been sent to U.P.S.C.

(c) and (d) The duties of Senior Medical Officers and Chief Medical Officers are similar vis-a-vis patient care. However, steps have been initiated to effect promotions.

Career progression of ISM and Homoeopathic Doctors

2848. SHRI ANANTRAY DEV SHANKER DAVE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware of the fact that in order to take care of the career progression of ISM and Homoeopathic Doctors in the Ministry and Central Government Health Scheme (CGHS), a separate section CHS VI was created;

(b) whether it is a fact that that section remains without minimum adequate staff resulting in hurdles in the career and progression of ISM and Homoeopathic doctors;

(c) whether it is a fact that due to inactivity of this section the various recruitment rules, seniority lis of ISM and Homoeopathic physicians etc., are not finalised even after 2(months of its inception;

(d) whether it is a fact that not even a single Homoeopathic physician in CGHS has been selected for the last several years due to inactivity of this section; and

(e) what action Government ar proposing to take to make this CHS VI Section accountable for looking after the backlog and future welfare of ISM and Homoeopathic Physicians in CGHS alone?